

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		2	3/5/01
O.I.P.E. CLASSIFIER		866	05.09.01
FORMALITY REVIEW	H-S	BB5	08/06/01
RESPONSE FORMALITY REVIEW	JK		

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	3/5/01
2	3/5/01
3	3/5/01
4	3/5/01
5	3/5/01
6	3/5/01
7	3/5/01
8	3/5/01
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49	3/5/01
50	3/5/01

Claim	Date
Final	
Original	
51	3/5/01
52	3/5/01
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99	3/5/01
100	3/5/01

Claim	Date
Final	
Original	
101	3/5/01
102	3/5/01
103	3/5/01
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148	3/5/01
149	3/5/01
150	3/5/01

If more than 150 claims or 10 actions  
staple additional sheet here

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10-5-01  
 C.C.  
 05-10-01